

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.
10/049661

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			A		B		C	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
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49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DER.							TOTAL DER.						
TOTAL CLAMS							TOTAL CLAMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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